

**PUBLIC HEALTH DEPARTMENT[641]**

**Adopted and Filed**

**Rule making related to Iowa get screened (IGS): colorectal cancer program**

The Public Health Department hereby amends Chapter 10, “Iowa Get Screened: Colorectal Cancer Program,” Iowa Administrative Code.

*Legal Authority for Rule Making*

This rule making is adopted under the authority provided in Iowa Code section 135.11.

*State or Federal Law Implemented*

This rule making implements, in whole or in part, Iowa Code section 135.11.

*Purpose and Summary*

These amendments update screening eligibility requirements for the program to align with federal recommendations from the United States Preventive Services Task Force (USPSTF). These amendments will encourage access to services and align with a Centers for Disease Control and Prevention (CDC) cooperative agreement that is in year two of a five-year program. Additionally, language is removed in order to allow for diagnostic services for eligible Iowans who had an initial positive screening test performed outside the program.

*Public Comment and Changes to Rule Making*

Notice of Intended Action for this rule making was published in the Iowa Administrative Bulletin on September 22, 2021, as **ARC 5925C**. The Department received one letter of general comments. However, the comments were not specific to the amendments proposed. No changes from the Notice have been made.

*Adoption of Rule Making*

This rule making was adopted by the State Board of Health on November 10, 2021.

*Fiscal Impact*

This rule making has no fiscal impact to the State of Iowa.

*Jobs Impact*

After analysis and review of this rule making, no impact on jobs has been found.

*Waivers*

Any person who believes that the application of the discretionary provisions of this rule making would result in hardship or injustice to that person may petition the Department for a waiver of the discretionary provisions, if any, pursuant to the Department’s waiver provisions contained in 641—Chapter 178.

*Review by Administrative Rules Review Committee*

The Administrative Rules Review Committee, a bipartisan legislative committee which oversees rule making by executive branch agencies, may, on its own motion or on written request by any individual or group, review this rule making at its [regular monthly meeting](#) or at a special meeting. The Committee’s meetings are open to the public, and interested persons may be heard as provided in Iowa Code section 17A.8(6).

*Effective Date*

This rule making will become effective on January 19, 2022.

The following rule-making actions are adopted:

ITEM 1. Amend rule 641—10.1(135) as follows:

**641—10.1(135) Purpose.** The Iowa get screened (IGS): colorectal cancer program is administered by the department. The goal of the IGS program is to reduce the incidence, mortality and prevalence of colorectal cancer in Iowa by increasing the number of men and women who receive colorectal cancer screenings. Through the program, colorectal cancer screenings, including but not limited to fecal immunochemical tests (FITs) and colonoscopies, are provided to eligible Iowans. Along with providing screenings, the program also facilitates supportive services and referral for diagnosis and treatment to Iowans with abnormal screening results. Iowans who are eligible to enter the program must be 50 45 to 75 years of age, be underinsured or uninsured, have incomes of up to 300 percent of the federal poverty level (FPL) and have an average or increased risk for developing colorectal cancer.

ITEM 2. Adopt the following **new** definition of “Stool DNA (sDNA) test” in rule **641—10.2(135)**:  
“*Stool DNA (sDNA) test*” means a test that uses stool samples to detect abnormal DNA and small amounts of blood shed into the stool from colon cancer or colon polyps.

ITEM 3. Amend paragraphs **10.3(2)“a”** and **“b”** as follows:

a. The IGS program provides reimbursement for the following screening tests, procedures, preparations and tissue analyses when those services are provided by a participating health care provider who has a provider agreement with the IGS program. Payment is based on Medicare Part B participating provider rates (Title XIX).

- (1) Fecal immunochemical tests annually;
- (2) Colonoscopy every ~~10~~ ten years from initial screen or as prescribed by a physician in accordance with USPSTF recommendations;
- (3) Biopsy/polypectomy during a colonoscopy;
- (4) Bowel preparation;
- (5) Moderate sedation for colonoscopy;
- (6) One office visit related to IGS program-covered colorectal cancer tests;
- (7) One office visit related to colorectal cancer follow-up diagnostic test results;
- (8) Total colon examination with either colonoscopy (preferred) or double contrast barium enema if medically prescribed by doctor;
- (9) Pathology services;
- (10) CT colonography (or virtual colonoscopy) as recommended by provider;
- (11) Stool DNA (sDNA) test every three years;
- (12) Care or services for complications that result from screening or diagnostic tests provided by the IGS program at the discretion of the department and based on the availability of funds.

b. The IGS program does not provide reimbursement for the following:

- (1) Screening tests requested at intervals sooner than recommended by the USPSTF;
- ~~(2) CT colonography (or virtual colonoscopy) as a primary screening test;~~
- ~~(3) (2)~~ (2) Computed tomography scans (CT or CAT scans) requested for staging or other purposes;
- ~~(4) (3)~~ (3) Surgery or surgical staging;
- ~~(5) (4)~~ (4) Any treatment related to the diagnosis of colorectal cancer;
- ~~(6) Any care or services for complications that result from screening or diagnostic tests provided by the IGS program;~~
- ~~(7) (5)~~ (5) Medical evaluation of symptoms that make individuals at high risk for CRC;
- ~~(8) Diagnostic services for participants who had an initial positive screening test performed outside of the program;~~
- (9) (6) Management and testing (e.g., surveillance colonoscopies and medical therapy) for medical conditions, including inflammatory bowel disease, ulcerative colitis or Crohn’s disease;

~~(10) (7)~~ Genetic testing for participants who present with a history suggestive of a hereditary nonpolyposis colorectal cancer (HNPCC) or familial adenomatous polyposis (FAP); and

~~(11) Use of propofol as anesthesia during endoscopy, unless specifically required and approved by the IGS program in cases where the participant cannot be sedated with standard moderate sedation; and~~

~~(12) (8)~~ Treatment for colorectal cancer.

ITEM 4. Amend paragraph **10.3(3)“c”** as follows:

c. If the enrolled participant has an abnormal colorectal cancer screening test, the health care provider or local coordinator shall provide to the participant a comprehensive referral directing the participant to appropriate additional diagnostic or treatment services. When the results of a FIT screen screening test are positive, the local coordinator shall work with the participant and enrolled health care provider to schedule a colonoscopy.

ITEM 5. Renumber rules **641—10.5(135)** to **641—10.9(135)** as **641—10.4(135)** to **641—10.8(135)**.

ITEM 6. Amend renumbered subrule 10.4(1) as follows:

**10.4(1) Age.** Individuals ~~50~~ 45 through 75 years of age shall be the target population to receive colorectal cancer screening.

ITEM 7. Amend renumbered subrule 10.4(6) as follows:

**10.4(6) Ineligible.** The IGS program does not provide coverage for:

- a. Individuals with Medicare Part B coverage.
- b. Individuals ~~49~~ 44 years of age and younger.
- c. Individuals 76 years of age and older.
- d. Individuals who do not have a primary care provider.
- e. Individuals at high risk for developing colorectal cancer. Individuals at high risk include:
  - (1) A genetic diagnosis of familial adenomatous polyposis (FAP) or hereditary nonpolyposis colorectal cancer (HNPCC),
  - (2) A clinical diagnosis or suspicion of FAP or HNPCC, or
  - (3) A history of inflammatory bowel disease (ulcerative colitis or Crohn’s disease).
- ~~f. Individuals experiencing the following gastrointestinal symptoms:~~
  - ~~(1) Rectal bleeding, bloody diarrhea, or very dark blood in the stool within the past six months;~~
  - ~~(2) Prolonged change in bowel habits;~~
  - ~~(3) Persistent/ongoing abdominal pain;~~
  - ~~(4) Recurring symptoms of bowel obstruction; or~~
  - ~~(5) Significant unintentional weight loss.~~

ITEM 8. Amend renumbered paragraph **10.5(1)“b”** as follows:

b. Upon enrollment, the participant shall be eligible for services for 12 months beginning from the date of enrollment, subject to restrictions in funding and program coverage as provided in subrules ~~10.6(2)~~ 10.5(2), ~~10.6(3)~~ 10.5(3) and ~~10.7(1)~~ 10.6(1).

ITEM 9. Amend relettered paragraph **10.5(3)“b”** as follows:

b. No longer meets the criteria set forth in rule ~~641—10.5(135)~~ 641—10.4(135);

ITEM 10. Amend renumbered subrule 10.6(2) as follows:

**10.6(2)** In the event that the financial demand abates, the program director shall withdraw the financial shortfall certification, at which time the individual shall be eligible for program services in accordance with rule ~~641—10.5(135)~~ 641—10.4(135).

[Filed 11/15/21, effective 1/19/22]

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EDITOR’S NOTE: For replacement pages for IAC, see IAC Supplement 12/15/21.